PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations (H.R. 4818).				Complete if Known					
EEE TO A NOMITTAL				T. C.		10/698,721			
FEE TRANSMITTAL						October 31, 2003		3	
For FY 2006						Philip J. P	Philip J. Pietraski		
Applicant claims small entity status. See 37 CFR 1.27						James D.	James D. Ewart		
						2683			
TOTAL AMOUNT OF PAYMENT (\$) 910.00				Attorney Docket No. I-2-0433.1U			IUS		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 09-0435  Deposit Account Name: InterDigital Communications Corporation									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING	トヒヒS Small Entity	SEAF	RCH FEES Small Enti		NINATION   Small			
Application T		Fee (\$)	<u>Fee (\$</u>		<u>Fee</u>			Fees Paid (\$)	
Utility	300	150	500	250	200	) 100	)		
Design	200	100	100	50	130	) 6:	5		
Plant	200	100	300	150	160	) 80	)	<del></del>	
Reissue	300	150	500	250	600	300	)		
Provisional	200	100	0	0	(	) (	)	-	
2. EXCESS CL						F	e (\$)	<u>Small Entity</u> <u>Fee (\$)</u>	
Fee Description Each claim over 20 (including Reissues)  Fee (5)  50  25									
Each independent claim over 3 (including Reissues) 20							200	100	
Multiple dependent claims							360	180	
Total Claims				e Paid (\$)		_	iltiple D ee (\$)	Dependent Claims Fee Paid (\$)	
HP = highest num	= ber of total claims paid f	X or, if greater than 20.	_ <b>-</b> _				<u>ee (4)</u>	ree raid (\$\psi_1\$)	
Indep. Claims	Extra Clai	ms Fee (\$)		Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3.									
3 APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing surcharge): Req for Continued Examination & Petition for Ext of Time (1 mo.) 910.00									
SUBMITTED BY A. A. A.									
Signature	Cholal I.	1/		Registration (Attorney/Ager	No. 57,204		Telepho	one 215-568-6400	

Date July 19, 2006 Name (Print/Type) Robert D. Leonard

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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